



WISCONSIN

**DEPARTMENT OF WORKFORCE DEVELOPMENT**

Division of Economic Support  
Bureau of Work Support Programs

**TO: Economic Support Supervisors  
Economic Support Lead Workers  
Training Staff  
Child Care Coordinators  
W-2 Agencies**

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**BWSP OPERATIONS MEMO**

**No.:** 00-80

**File:** 1299  
2781  
2799

**Date:** 11/08/2000

**Non W-2** ☒ **W-2** ☐ **CC** ☐

**PRIORITY:** Medium

**SUBJECT: CARES INSTRUCTIONS -- COMMUNITY WAIVERS & SSI RECIPIENTS**

**CROSS REFERENCE:** Please refer to other recent operations memos in the series discussing Long Term Care, Pace & Partnership, Family Care and Community Waivers and SSI in CARES for further information on these topics.

Family Care pilot counties may refer to training materials from DWD/DES and DHFS/DHCF on-site training for further information on Family Care.

**PURPOSE**

This Memo provides instructions about:

1. CARES and MMIS process changes associated with Home and Community Based Waivers.
2. Processing SSI recipients who are participating in waivers, Family Care (FC), Pace and Partnership programs in CARES.

**BACKGROUND**

Effective July 3, 2000, significant changes were made to community waiver program eligibility and cost share determinations. Community waivers eligibility under "Group A" has been expanded to include anyone who is eligible for MA (MA), not just those eligible as SSI or special status MA cases. CARES has also been changed to allow any person who is functionally eligible for a waiver program and who is MA eligible to be found eligible (Group A) without a separate community waiver financial determination. In addition, some existing issues and problems with community waivers determinations have been corrected.

## COMMUNITY WAIVER PROCESSING

### GROUP A DEFINITION

Community Waiver financial eligibility is identified by 3 separate groups.

1. Group A- Group A clients have been defined as those waiver functionally eligible and MA eligible via SSI or "special status" MA groups. These clients are financially eligible with no cost share. See list below.
2. Group B - Group B clients have been defined as those not in Group A, but who have income less than the nursing home categorically needy income limit (\$1536). If income does not exceed this amount, the client's cost share is calculated based upon the client's income and living situation.
3. Group C - If the client's income exceeds \$1536 and s/he is not Group A, then we define these individuals as Group C waiver clients.

DHFS has changed the Group A definition to include any applicant/recipient who meets the Community Waivers non-financial criteria (functionally eligible individual) and who has been determined to be eligible for MA as an SSI recipient or for any full-benefit MA subprogram, including:

DEFINITION	CARES AG
MA Institutions (categorically & medically needy)	MI AGs
SSI MA [including 1619(a) and (b)]	no CARES MA
Foster Care MA / Adoption Assistance MA	no CARES MA
AFDC-MA	MA R/U
MA Extensions	ME AGs
AFDC-related MA	MAOR, MAOU, NAOR
SSI-related MA	MS, NS
Special Status MA	MP/NP AGs
Continuously Eligible Newborns	MN, NN
Healthy Start – OBRA Children and Teens	MHSN
Healthy Start for pregnant women	MHSP, NHSP
Healthy Start for children under age 6 years	MHSC, NHSC
End-of-Pregnancy Extension	MEP, NE P
MA Purchase Plan	manual determination
BadgerCare	BC

Group A status is not granted to persons who are MA eligible as:

- Presumptively Eligible Pregnant Women
- Emergency Services for Non-Qualifying Aliens
- Unmet deductible status
- Tuberculosis-related MA
- QMB Only
- SLMB Only
- SLMB+ (Qualifying Individual 1)
- ALMB (Qualifying Individual 2)
- QDWI

GROUP A & DEDUCTIBLES

Clients who have passed the waiver functional screen and have MA eligibility because they have met a deductible are eligible for the Community Waivers program as a Group A. The client will remain eligible as a Group A until the end of the deductible period. At the next review the client will be able to make a choice between meeting the deductible to receive MA (remaining a Group A) or becoming eligible for Community Waivers as a Group B with a potential cost share.

IDENTIFICATION OF GROUP A PARTICIPANTS

The Group A status will be reflected in CARES on the budget screen ECED. It will tell you that the waiver is group A, and reflect the MA assistance group type for which they qualify:

ECED	COMMUNITY WAIVERS ELIGIBILITY DETERMINATION		09/24/00 17:10
CASE: 3000339230	CAT: MCWB	SEQ: 01	WORKER: JX2373
DETERMINATION DATE: 09 24 00	AG STATUS: OPEN		JX2373 T FOSBINDER
PAYMENT BEGIN DATE: 11 01 00	PAYMENT END DATE:		ELIGIBILITY STATUS: PASS
GROUP INDICATOR: A	GROUP A TYPE: NS		
GROUP B TEST		GROUP C TEST	
GROSS EARNED INCOME:	.00	GROSS EARNED INCOME:	
GROSS UNEARNED INCOME: +	.00	\$65 AND 1/2 DISREGARD: -	
EXCESS SELF EMP EXPENSE: -	.00	GROSS UNEARNED INCOME: +	
STUDENT DISREGARD: -	.00	\$20 DISREGARD: -	
GROSS INCOME: =	.00	HEALTH INSURANCE COST: -	
CAT NEEDY INCOME LIMIT:	.00	EXCESS SELF EMP EXPENSE: -	
		SPECIAL EXEMPT INCOME: -	
		COUNTABLE NET INCOME: =	
		MEDICAL/REMEDIAL EXPENSES: -	
		MA CARD COVERABLE EXPENSES: -	
		NET INCOME: =	
		COUNTABLE NET INCOME:	
		MED NEEDY INCOME LIMIT: -	
		SPENDDOWN AMOUNT: =	
THE AG HAS PASSED THE GROUP A COMMUNITY WAIVERS ELIGIBILITY TEST			
NEXT TRAN: _____	PARMS: 3000339230/MCWB/01/110100_____		MORE...

If the program start date is the only pending verification item for the Community Waiver AG , you can confirm any other MA AGs built. However, you cannot confirm a pending Community Waiver AG if that AG is potentially eligible as Group A and the MA AG upon which the Group A status is derived is pending. The Group A indicator will not display on ECED until MA is confirmed. Prior to confirmation the potential Group A client will appear to be in a Group B test category.

In addition, if the Group A client has income, the income will not be displayed on ECED or ECSC, as there is no reason to do a cost share calculation.

Remember that the designation of Group A is one that exists within the Community waivers program. It does not apply to FC specifically. However, if someone is functionally eligible for both community waivers and FC, they can be determined group A in the waivers AG that constitutes their MA eligibility, and then also be eligible to enroll in FC.

CHANGE IN MA CASCADE

With FC and the changes for Community Waivers, including the Group A definition change, the cascade has been changed so groups cascade through other appropriate MA sub-programs before being tested for community waivers. This means that when ANCW exists, groups may not "automatically" be determined as an MCW type of AG in the first loop of SFED as they have been in the past. Rather, they will be tested through other appropriate subpro-grams first. If there is eligibility in another program (for example MS) CARES will build the MS and fail it for individual reason 307 (Indv in Community Waiver rather than MA) and AG reason 308 (AG denied because only eligible individuals are Comm. Waiver eligible). CARES will then open the appropriate MCW AG.

In addition, if the client is in a FC pilot county and requests FC, a FC AG will also be built.

AGEC		ELIGIBILITY RESULTS CONFIRMATION				09/22/00 17:09			
CASE: 3000339230		WORKER: JX2373		JX2373 T FOSBINDER					
LAST UPDATED: 09 22 00		CASE STATUS: OPEN		CASE MODE: ONGOING					
ELIGIBILITY REVIEW DATE: 03 31 2001									
CAT	SEQ	PMT BEG DATE	PMT END DATE	BENEFIT AMOUNT	AG STATUS	ELIG STATUS	REASON CODES	MR RSN	CONFIRM (Y/N)
CC	Z 01	11 01 00	11 30 00	0.00	DE	FAIL	054	—	Y
FC	01	11 01 00		0.00	OP	PASS	332	—	Y
FS	Z 01	11 01 00	11 30 00	0.00	DE	FAIL	054	—	Y
MCWB	01	11 01 00		0.00	OP	PASS		—	Y
MS	01	11 01 00	11 30 00	0.00	DE	FAIL	308	—	Y
WW	Z 01	11 01 00	11 30 00	0.00	DE	FAIL	054	—	Y
NEXT TRAN: _____ PARMS: 3000339230_____									

## ANCW

Screen ANCW has had several questions added to it and revisions to the questions that existed prior to July 3, 2000.

### 1. "Do you want community services?"

This is a new field to record request of community waivers services. It allows an individual to request community waivers either before or after they have been determined functionally eligible for waivers. A "Y" entry indicates that the individual does want community waivers services.

### 2. Community Waivers Program Type

Two new program types have been added to accommodate participation in PACE (PA) and Partnership (PR) programs.

### 3. Medical Remedial Expenses

Group B medical remedial (m/r) expenses are no longer entered on ANCW. They are now recorded on AFME as expense type "OP".

For waiver cases with Part B m/r expenses prior to 7/3/00, those amounts will be displayed in the Group C field on ANCW and should be deleted when the case is next reviewed. Only enter Group C medical remedial expenses and Group C MA card-coverable expenses on ANCW.

#### 4. Slot available for Community Waivers (Y/N)

This field indicates whether a slot is available for the individual to be served through community waivers. This allows a correct notice text to appear when an individual requests waivers but is unable to be served due to unavailability of slots in that county. A “no” answer, “N” would indicate that the individual can not be served and may be on a waiting list. The Community Waiver Care Manager, Resource Center Worker (for FC) or PACE/Partnership Organization (for PACE/Partnership) will provide this entry. For FC the entry of “N” does not affect CARES decision to find the individual eligible for FC by exploring eligibility via Community Waivers eligibility criteria, if applicable.

### AFME

Part B Medical Remedial expenses should be entered on screen AFME using expense type “OP.” Waiver cases with Part B medical remedial expenses entered on ANCW prior to 7/3/00 will find that those expenses appear on AFME. These were systematically transferred to AFME just prior to 7/3/00 CARES change implementation.

### MAPP & COMMUNITY WAIVERS

A client found eligible for MA using MAPP criteria can be eligible as Group A waivers if s/he is functionally eligible for the waiver program, and there is a slot available for the client.

Eligibility for MAPP is determined and certified on a manual basis. All assistance groups in CARES must be closed in order for MAPP eligibility to remain on file on the MMIS system.

MAPP eligibility will be certified by sending a 3070 form to EDS. The premium information form will also be sent to EDS, if applicable. See the FC and Pace/Partnership Program Operations Memos for specific instructions regarding enrollment for these individuals.

### PROCESSING COMMUNITY WAIVER APPLICATIONS FOR COUPLES & FAMILIES

CARES is able to handle a case that includes a community waiver participant and other family members who want to be eligible for either other MA subprograms or for Community Waivers themselves. A married couple can each apply for Community Waivers and should be entered on the same case. Do an asset assessment (AAAA) for each spouse if both are applying. If both spouses apply and a Community Spouse Income Allocation is requested it is suggested that cost shares for each spouse be separately determined on a manual basis using DSL – 919 and the Spousal Income Allocation worksheet.

A parent with children can also have his/her MA (including waivers) eligibility explored and built by CARES at the same time that eligibility for the parent (as parent/caretaker) and the children for other MA subprograms is explored.

### **SSI RECIPIENTS**

SSI recipients can be entered into CARES and have their Community Waivers eligibility determined (they'll be Group A eligible with \$0 cost share) correctly. For those counties offering FC, PACE or Partnership, SSI recipients will also be entered into CARES to have FC, PACE or Partnership eligibility determined and enrollment in the special managed care program processed.

**Special Note for Family Care, PACE, and Partnership:** In FC or PACE/Partnership counties, it is required that SSI recipients be entered into CARES in order to process enrollment for these special managed care programs. However, for recipients who have been enrolled in FC or PACE/Partnership prior to the 7/3/00 CARES changes, there is no immediate need to "convert" these SSI recipients to the CARES system method of enrollment. Counties can make a plan to gradually add these individuals to their caseloads and in the interim current enrollment information will remain on the MMIS system without a "conversion" to CARES. It may be helpful to coordinate entry of SSI recipients into CARES with respect to their functional review date for participation in the waivers/FC/Pace/Partnership programs. For those individuals who lose SSI eligibility during a period of waivers/FC/PACE/Partnership participation, a re-determination of MA eligibility would need to be completed at the local ES agency.

If the SSI recipient requesting Community waivers, FC, PACE or Partnership is not known to CARES, and is not interested in applying for Food Stamps (FS), a full MA application process is not necessary.

The Care Manager, PACE/Partnership Organization or Resource Center Worker needs to supply the following information to the Economic Support Agency:

- Name
- Residence Address
- Mailing Address
- SSN (& MA ID Number, if different)
- Sex
- Primary Language (English or Spanish)
- Guardian/POA Name & Address
- Date of Birth
- Race (Optional)
- Citizenship Status (Alien Registration Number, if not a citizen)
- Disability Status (if not age 65 or older)
- All information necessary to complete screens ANCW, AFME, ANMC (and ANFR in a FC pilot county) as applicable. It is recommended that the "Model Agency Referral Form" be used to provide this information.

Based upon this information, the ES enters an application into CARES, and receives an eligibility determination (see specific instructions below). A face-to-face intake interview is not necessary.

The Care Manager, PACE/Partnership Organization worker or the Resource Center worker must also ask the SSI recipient, if s/he:

1. Is interested in applying for FS (if they are not already receiving these benefits)

If the answer to question number 1 is "yes", the applicant must apply for assistance in person, and the full intake interview process must be conducted.

2. If the individual (or his/her spouse or another individual acting on his/her behalf) has:
  - a. Transferred or made unavailable any countable asset or their home in the last 36 months,
  - or-
  - b. Created a trust in the last 60 months.

If the answer to either question in Number 2. is “yes”, after entering the data into CARES, the client needs to be contacted by the eligibility worker and questioned more closely to determine if this was a divestment, and whether a ‘penalty period’ for the divestment should be imposed and for what period. Benefits should not be confirmed until possible divestment has been explored.

3. If other household members are requesting or currently eligible for MA however, then the full interactive interview process does need to take place.

After entering the data into CARES, the ES worker does not need to print the CAF or have the client sign the application form (if there is no request for FS). The client is a MA recipient because s/he is an SSI recipient and SSI recipients are categorically eligible for MA. By completing the CARES process, we are adding waiver, FC or PACE/Partnership services to the client’s existing MA eligibility. The application for SSI is considered the client’s application for MA. It is not necessary to enter information about other household members unless those members are also requesting benefits.

### PROCESSING SSI RECIPIENTS IN CARES

Upon receipt of the relevant information from the Care manager or Resource Center staff enter the information as for any CARES RFA.

The ES worker should verify that the demographic data provided by the resource center matches the current demographic data on the MMIS system. Any discrepancies should be resolved prior to entry into CARES.

The ES worker should also verify by looking at MMIS that the recipient has current eligibility as a SSI recipient. The 1619b status can be identified if the recipient MMIS record shows the designated '19' medical status code for the period of time that FC is being requested.

Client registration must be done, and the applicant run through the clearance process. The intake driver flow should then be invoked (ASII).

These are the specific entries needed to create community waivers eligibility for an SSI recipient:

1. The ACPA request must be “Y” for MA in order for CARES to correctly establish a waivers assistance group.
2. The eligibility worker will enter the required information provided by the care manager or resource center staff. It is not necessary to enter or verify assets or income for SSI recipients.

### INCOME SCREENS

When you come to the income questions, you can:

1. Enter "Y" on the income question screen and then enter any income information you have on the appropriate income detail screen (e.g. AFUI, AFEI) with an appropriate verification code (such as "NQ").

-or-

2. Enter "N" to the income questions on the question screens and not enter the income detail information.

Do not use "F" (failed to provide) as an answer to all of the questions on AFEQ or AFUQ or "NV" (not verified) on the detail screens. These entries will cause the AG to incorrectly fail for lack of verification.

### ASSET SCREENS

On the asset question screens (AAAQ, AALQ), you may use either an "F" (failed to verify) or an "N" for any or all entries. Either entry will allow the AG to pass correctly.

### AFMQ

Do not enter an "F" on AFMQ (medical questions), as this will always cause the AG to fail. Either enter unverified information with an appropriate verification code (NQ), or leave the answer to these questions as "N."

Verify on MMIS that the recipient has current eligibility for SSI. Based on this information, enter a "Y" in the SSI field on ANBR or if the SSI recipient is 1619b eligible, enter a "Y" on the ANBC screen in the 1619b field, whichever is appropriate.

Based on the receipt of SSI, also enter the recipient's disability information on ANDI.

**Note:** If ANDI is not entered for individuals under age 65, the waiver AG will fail.

1. Enter all necessary information on ANCW, and ANMC (also ANFR if in a FC pilot county) as applicable.
2. After running eligibility for these types of cases in CARES, you will see a community waivers AG (such as MCWW, or MCWR) build and pass. SSI individuals will be identified on ECED with a Group A indicator and an SSI or 1619b program type with no resulting cost share on ECSC. In FC counties, a FC AG will also build and pass. For these recipients, on EFSC, the MA indicator will be "Y" with a zero cost share.
3. When the assistance group is confirmed on AGECE a new medical status, W3 (aged), W4 (blind), W5 (disabled) or W6 [1619 (a) or (b)] will be triggered and sent to MMIS via the CARES interface. This new medical status will overlay the SSI medical status on file.

Enrollment information for FC, PACE or Partnership will also be sent via the CARES interface for those clients choosing enrollment in these programs.

Anyone who is interested in applying for other programs, such as FS, **must** have a full eligibility determination done at the ES agency.

If you later find that the client lost his/her SSI, complete a re-determination of eligibility. Contact the client and either mail out a review form for completion and return, or schedule a review interview as soon as practical.

Changes in program participation, functional status, level of care, address or living arrangement should be reported to the ES worker following the "within 10 days of change" reporting requirements.

### **SSI CASE REVIEWS**

An annual review for an SSI recipient's continuing participation in waivers, FC, PACE or Partnership should occur at the time that the client's waiver participation is being reviewed by the care manager, or resource center staff member. All required information regarding program participation should be re-supplied to the ES worker by the care manager or resource center staff member.

Again, it is recommended that the Model Agency Referral Form be used as an effective means of communicating the necessary waivers related program information. As with the initial data entry of information for an SSI recipient into CARES, there is no need for a face-to-face interview, you do not need to print the CAF or have the client sign the application form if there is no request for FS. For those SSI recipients also requesting FS, follow the annual review requirement.

### **CONTACT**

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	Telephone: (608) 261-6317 (Option #1)
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Note: Email contacts are preferred. Thank you.